

# Transcript Request Form

Mt. Zion High School  
305 S. Henderson Ave.  
Mt. Zion, IL 62549

CEEB Code: 143-085  
Phone: 217-864-2363  
Fax: 217-864-5926

Student Name: \_\_\_\_\_

DATE requested: \_\_\_\_\_

Please send a copy of my transcript to the following: (Provide name and address)

office use only

(1) \_\_\_\_\_ p e

\_\_\_\_\_  
\_\_\_\_\_

Circle One: requested for college scholarship other

(2) \_\_\_\_\_ p e

\_\_\_\_\_  
\_\_\_\_\_

Circle One: requested for college scholarship other

(3) \_\_\_\_\_ p e

\_\_\_\_\_  
\_\_\_\_\_

Circle One: requested for college scholarship other

I give my permission to the Mt. Zion High School registrar/counselor to release my (my student's) academic transcript to the above institutions.

Student Signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

(required only if student is under age 18)

Office Use Only

Check if telephone request (signatures are not available)

Telephone request made by: \_\_\_\_\_

Date sent \_\_\_\_\_

Sent by \_\_\_\_\_